

No. \_\_\_\_\_



# Town of Franklin

HEALTH DEPARTMENT  
355 East Central Street  
Franklin, Massachusetts 02038-1352  
p. 508-520-4905 f. 508-520-4989

Fees

Perc \_\_\_\_\_

Plan Review \_\_\_\_\_

Minor Repair \_\_\_\_\_

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

**Application for a Permit to:** Construct ( ) Repair ( ) Upgrade ( )

☐ Complete System ☐ Individual Component

### **Facility Information:**

\_\_\_\_\_  
Address or Lot #

\_\_\_\_\_  
Map / Parcel

☐ Residential ☐ Commercial Lot Size \_\_\_\_\_ SF

No. of Bedrooms \_\_\_\_\_ Design Flow \_\_\_\_\_ gpd Garbage Grinder ☐ yes ☐ no

Water Resource District ☐ yes ☐ no

Description of Repairs or Alterations: \_\_\_\_\_

### **Owner Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### **Installer Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

No. \_\_\_\_\_



# Town of Franklin

## HEALTH DEPARTMENT

355 East Central Street  
Franklin, Massachusetts 02038-1352  
p. 508-520-4905 f. 508-520-4989

### APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

#### ***Designer Information:***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

#### ***Agreement:***

The undersigned agrees to ensure that construction and maintenance of the aforementioned on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### ***Inspection Notes:***

Dig Out: \_\_\_\_\_

Inspection Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final:

\_\_\_\_\_  
Inspection Date

\_\_\_\_\_  
\_\_\_\_\_

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